Subs	Substitute for form 1449/PTO			Complete if Known		
				Application Number	10/709,142-Conf. #3141	
IN	IFORMATION	1 DI	SCLOSURE	Filing Date	April 15, 2004	
S ⁻	TATEMENT E	3Y /	APPLICANT	First Named Inventor	Klaus Schauser	
				Art Unit	2614	
	(Use as many sheets as necessary)			Examiner Name	S. L. Gay	
Sheet	1	of	8	Attorney Docket Number	CTX-091	

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Initials*	No. ¹	Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY	Applicant of Cited Document	Or Relevant Figures Appear	Τ°				

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STATEMENT BY APPLICANT				First Named Inventor	Klaus Schauser	
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449/PTO Application Number 10/709,142-Conf. #3141 INFORMATION DISCLOSURE April 15, 2004 Filing Date STATEMENT BY APPLICANT First Named Inventor Klaus Schauser Art Unit 2614 (Use as many sheets as necessary) S. L. Gay Examiner Name 8 CTX-091 Sheet 4 of Attorney Docket Number

			U.S. PA	TENT DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner	Cite	Foreign Patent Document	Publication	Name of Patentee or	Pages, Columns, Lines,				
Initials*	No.1	Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Date MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages Or Relevant Figures Appear	T ⁶			

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l s	TATEMENT E	3Y /	APPLICANT	First Named Inventor	Klaus Schauser	
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	(Use as many sheets as necessary)			Examiner Name	S. L. Gay	
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		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.